



## LHT Involvement Database

At LHT, we want to get as many of our Tenants involved as possible. We have developed a range of involvement opportunities to try to ensure that there is something for everyone. You do not have to come along to a meeting; instead, you could simply just complete a survey from your own home in order to become actively involved. You can choose as many or as few of the options as you wish.

We have a database of all Tenants who wish to be involved. This allows us to make sure that we involve you in ways/areas that you have chosen.

All the information that you provide us with is kept confidential and only restricted LHT staff will be able to access this data.

The more Tenants that we have on the database the more views we can gather in order to ensure that we are consulting with as many people as possible.

Thank you for completing this questionnaire it enables us to ensure that we have a representative cross section of Tenants on the Panel; it also allows us to meet any particular needs that you may have.

By getting involved and working with us, you can help us to identify where we can make improvements to our services whilst involving you in the process.

Name: .....

Address: .....

..... Postcode:.....

E-mail:.....

Phone Number:..... Mobile:.....

Date of Birth: ...../...../.....

Do you live in (Please ✓ tick)

Sheltered Housing

Supported Housing

Not Applicable

**Are there any specific service areas that you are interested in becoming involved in or finding out more about?**

- |  |   |
|--|---|
| <input type="checkbox"/> Anti social Behaviour     | <input type="checkbox"/> Regeneration               |
| <input type="checkbox"/> How we let our properties | <input type="checkbox"/> Young people's issues      |
| <input type="checkbox"/> Repairs & Maintenance     | <input type="checkbox"/> Rents & Service Charges    |
| <input type="checkbox"/> Supported Housing         | <input type="checkbox"/> Equality and Diversity     |
| <input type="checkbox"/> Sheltered Housing         | <input type="checkbox"/> Customer Service           |
| <input type="checkbox"/> Resident Involvement      | <input type="checkbox"/> Disability Issues          |
| <input type="checkbox"/> Community Regeneration    | <input type="checkbox"/> Neighbourhood Improvements |

**Other**

.....

.....

**There are a variety of ways that you can get involved**  
(Please ✓ tick your preferences)

- |  |                          |
|--|--------------------------|
| Contributing to Newsletters and other literature         | <input type="checkbox"/> |
| Getting involved in your local Residents Association     | <input type="checkbox"/> |
| Becoming a Tenant Auditor/Mystery Shopper                | <input type="checkbox"/> |
| Becoming a local area representative                     | <input type="checkbox"/> |
| Meeting up with other tenants to help shape our policies | <input type="checkbox"/> |
| Special Interest Groups - e.g. Maintenance Forum         | <input type="checkbox"/> |
| Receiving regular postal surveys                         | <input type="checkbox"/> |
| Receiving regular email surveys                          | <input type="checkbox"/> |
| Participating in telephone surveys                       | <input type="checkbox"/> |
| Attending local neighbourhood meetings - 'Area Panels'   | <input type="checkbox"/> |
| Getting involved in youth activity                       | <input type="checkbox"/> |
| Opportunities to attend training events                  | <input type="checkbox"/> |

Would you be willing to attend meetings or focus groups?

Yes  No

What is your preferred time?

Days	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

How would you like us to contact you?

Telephone  Letter  Email  Mail  Text

### Information for Monitoring purposes

Do you consider yourself to have a disability? (Please tick✓ as appropriate)

Yes  No

If yes, please give details of the type of disability

Hearing  Mobility  Visual  Learning

Other .....

Please tick any of the following ways we can support your involvement

Information to be translated into your preferred language

Large print documents

Braille

Use of a type talk service

Use of Language line - this allows you to be able to speak to us in your preferred language via a translator.

Other .....

Please give further details if necessary.....



To which of the following groups do you consider you belong? (Please Tick ✓)

### Asian or Asian British

- Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background  
(please tick & write in)

### Black or Black British

- Caribbean
- African
- Any other Black background  
(please tick & write in)

### Chinese or other ethnic group

- Chinese
- Other  
(please tick & write in)

### Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background  
(please tick & write in)

### White

- White
- White British
- White Irish
- Any other White background  
(please tick & write in)

- Prefer not to say

**Please return this form to The Resident Involvement Team at  
Liverpool Housing Trust  
211 Walton Rd, Liverpool L4 4AJ**